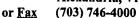
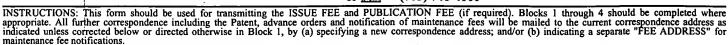




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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/857.867 | 09/10/2001 | Stephen Murten | ATKINSON | 2715 |

TITLE OF INVENTION: ADJUSTABLE SAFETY CABLE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
|---|---|---|--|--------------------------------|--|--|
| nonprovisional | 理多 | \$665 | . \$0 | \$665 | 06/18/2004 | |
| EXAMINER CHIN SHUE, ALVIN C | | ART UNIT | CLASS-SUBCLASS | | | |
| | | 3634 | 182-112000 | _ | | |
| 1. Change of correspondence address or indication of "Fee Address CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required. | | | names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent). When the names of up to 2 registered patent attorneys or agent of the names of up to 2 registered patent attorneys or agent. If no appropriately the name is liketed as a part of the name of the name of up to 3 registered patent attorneys or agent at the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent attorney | | | |
| PLEASE NOTE: Unless been previously submitt | | elow, no assignee data submitted under separ | IE PATENT (print or type) a will appear on the patent. Inclusion of rate cover. Completion of this form is NO RESIDENCE: (CITY and STATE OR CO | | iate when an assignment has signment. | |
| (A) NAME OF ASSIGN | | | • | | | |
| , | e assignee category or catege enclosed: | 4b. F | ted on the patent); individual payment of Fee(s): A check in the amount of the fee(s) is en | corporation or other private g | group entity | |

| (Authorized | Signature) |
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06/16/2004

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

695.00

Effective 10/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

(\$) TOTAL AMOUNT OF PAYMENT

Signature

| Application Number | 09/857,867 | | |
|----------------------|----------------|--|--|
| Filing Date | 09/10/2001 | | |
| First Named Inventor | Stephen Murten | | |
| Examiner Name | A. Chin Shue | | |
| Art Unit | 3634 | | |
| Attorney Docket No. | ATKINSON | | |

Date

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | |
|--|--|--|--|--|
| X Check Credit card Money Other None | 3. ADDITIONAL FEES | | | |
| X Check Credit card Money Other None | Large Entity Small Entity | | | |
| Deposit Account: | Fee Fee Fee Fee Fee Description | | | |
| Deposit Account | Code (\$) Code (\$) | | | |
| Number | 1051 130 2051 65 Surcharge - late filing fee or oath | | | |
| Deposit Account | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet | | | |
| Name | 1053 130 1053 130 Non-English specification | | | |
| The Director is authorized to: (check all that apply) Charge (se(s) indicated below Credit any overpayments | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination | | | |
| Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | | | |
| Charge fee(s) indicated below, except for the filing fee | 1805 1,840* 1805 1,840* Requesting publication of SIR after | | | |
| to the above-identified deposit account. | Examiner action | | | |
| FEE CALCULATION | 1251 110 2251 55 Extension for reply within first month | | | |
| 1. BASIC FILING FEE | 1252 420 2252 210 Extension for reply within second month | | | |
| Large Entity Small Entity | 1253 950 2253 475 Extension for reply within third month | | | |
| Fee Fee Fee Fee Fee Peecription Fee Paid Code (\$) Code (\$) | 1254 1,480 2254 740 Extension for reply within fourth month | | | |
| 1001 770 2001 385 Utility filing fee | 1255 2,010 2255 1,005 Extension for reply within fifth month | | | |
| 1002 340 2002 170 Design filing fee | 1401 330 2401 165 Notice of Appeal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 330 2402 165 Filing a brief in support of an appeal | | | |
| 1004 770 2004 385 Reissue filing fee | 1403 290 2403 145 Request for oral hearing | | | |
| 1005 160 2005 80 Provisional filing fee | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | | | |
| | 1452 110 2452 55 Petition to revive - unavoidable | | | |
| | 1453 1,330 2453 665 Petition to revive - unintentional | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 1,330 2501 665 Utility issue fee (or reissue) 665 | | | |
| Extra Claims below Fee Paid | 1502 480 2502 240 Design issue fee | | | |
| Total Claims20** = X = | 1503 640 2503 320 Plant issue fee | | | |
| Independent 3** = X = | 1460 130 1460 130 Petitions to the Commissioner | | | |
| Multiple Dependent = | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Smail Entity | 1806 180 1806 180 Submission of Information Disclosure Stmt | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 770 2809 385 Filing a submission after final rejection | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | (37 ČFR 1.129(a)) | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 1801 770 2801 385 Request for Continued Examination (RCE) | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application | | | |
| | Other fee (specify) Fee Code 8001 30 | | | |
| SUBTOTAL (2) (\$) **or number previously paid, if greater. For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 695.00 | | | |
| SUBMITTED BY | (Complete (# applicable)) | | | |
| The second secon | Registration No. 22,693 Telephone (703) 442-480 | | | |
| Name (Print/Type) James C., Wray | (Attorney/Agent) Date 06/16/2004 | | | |

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